

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>OBJECTION TO HOSPITALIZATION</b> <b>OF A MINOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a minor

1. I object to the hospitalization of this minor and request the court to schedule a hearing on this objection.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1. The person filing this objection is: \_\_\_\_\_  
Name

and is ☐ the minor patient, who is 14 years of age or older.  
☐ the minor's parent, guardian, or person in loco parentis. The request for hospitalization was made by the minor or a peace officer.  
☐ a person designated by the court.

2. The minor is \_\_\_\_\_ years old, and ☐ was admitted  
☐ is scheduled for admission to \_\_\_\_\_

\_\_\_\_\_ upon the application of \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

who is the minor's ☐ parent,  
☐ guardian,  
☐ person in loco parentis, i.e. \_\_\_\_\_  
☐ other, i.e. \_\_\_\_\_

3. The minor received a periodic review of the minor's suitability for continued hospitalization on \_\_\_\_\_ .  
Date

4. The reason for this objection is:

Do not write below this line - For court use only